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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Hansson, Henri; Spegel, Christer D.
 Serial No.: Unknown
 Filing Date: Herewith
 Title: METHOD FOR THE PREDICTION OF STARCH DIGESTION

UTILITY PATENT APPLICATION & FEE TRANSMITTAL
(for nonprovisional applications under 37 CFR § 1.53(b))

Assistant Commissioner for Patents
BOX PATENT APPLICATION
 Washington, D.C. 20231

Sir:

Transmitted herewith for filing in connection with the above-identified patent application are the following:

I. Elements of the Application	
<input checked="" type="checkbox"/> Application [] page of Cover Sheet <input type="checkbox"/> [11] pages of Specification <input type="checkbox"/> [2] pages of Claims (16 claims) <input type="checkbox"/> [1] page of Abstract <input type="checkbox"/> [4] sheets of Drawings [] Formal <input checked="" type="checkbox"/> Informal	
<input checked="" type="checkbox"/> Declaration <input checked="" type="checkbox"/> Unexecuted <input type="checkbox"/> Executed <input type="checkbox"/> Copy from prior application (37CFR § 1.63(d)) <input type="checkbox"/> Deletion of Inventors: [] page(s) of signed statement deleting inventor(s) (37CFR§ 1.63(d) & 1.33(b)) <input type="checkbox"/> Request and Certification Under 35U.S.C. 122(b)(2)(B)(i) <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission: <input type="checkbox"/> [] page(s) of Sequence Listing (paper copy) <input type="checkbox"/> [] disk(s) containing Sequence Listing (computer readable copy) <input type="checkbox"/> [] page(s) of Statement Under 37 CFR 1.821(f) <input type="checkbox"/> Microfiche Computer Program Appendix _____	
II. Claim for U.S. Priority	
<input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part of Prior Application No. _____ filed _____. (35 USC §120)	
<input checked="" type="checkbox"/> This application claims the benefit under 35 U.S.C. §119(e) of United States Application Serial No. <u>60/243,070</u> , filed <u>October 25, 2000</u> (<i>Provisional Application</i>)	
<input checked="" type="checkbox"/> The entire disclosure of the prior application referenced above, is considered as being part of the application filed herewith and is herein incorporated by reference in its entirety.	
III. Claim for Foreign Priority	
<input checked="" type="checkbox"/> This application claims the benefit under 35 USC §119 of Prior Application No. <u>SE 0003876-0</u> filed <u>October 25, 2000</u> .	
<input type="checkbox"/> Certified Copy of Priority Document [] page(s)	
<input type="checkbox"/> English Translation of Priority Document [] page(s)	

IV. Accompanying Documents

Assignment Papers [] page(s) of Recordation Cover Sheet [] page(s) of Assignment

Applicant(s) claims Small Entity Under 37 CFR § 1.27 [] Verified Small Entity Statement was previously filed in Prior Application No. _____ on _____.

Information Disclosure Statement [1] page(s) of PTO-1449 copies of IDS References

A Preliminary Amendment [] page(s)

A copy of a Petition for Extension of Time (mos.) filed simultaneously in Prior Application No. _____

A copy of a Submission of Processing & Retention Fee (37 CFR § 1.78(a)(1) which is being filed simultaneously in Prior Application No. _____

Other Verified Statement [Declaration] Claiming Small Entity Status [37 CFR 1.9[f] and 1.27[c] – Small Business Concern (specify)

Return Receipt Postcard (MPEP 503) (*Should be specifically itemized*)

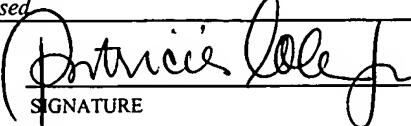
V. Fee Calculation

The following fees are submitted:					CALCULATIONS
		OTHER THAN SMALL ENTITY	SMALL ENTITY	\$	
BASIC NATIONAL FILING FEE		\$ 740.00	\$ 370.00	\$370.00	
EXTRA CLAIMS FEE					
CLAIMS	# FILED	# EXTRA	RATE	RATE	
Total Claims	16 – 20 =	-0-	× \$18.00	× \$ 9.00	\$ -0-
Independent claims	1 – 3 =	-0-	× \$84.00	× \$42.00	\$ -0-
MULTIPLE DEPENDENT CLAIM(S)					
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	-0-	\$280.00	\$140.00	\$ -0-
Fee for recordation of the enclosed assignment (37 CFR 1.21(h), 3.28, 3.31). _____ (Numbers of Applications) × \$40.00					\$ -0-
OTHER FEES _____ (<i>specify</i>)					\$ -0-
OTHER FEES _____ (<i>specify</i>)					\$ -0-
TOTAL FEES =					\$370.00

- A check in the amount of \$ _____ to cover the above fees is enclosed.
- Please charge Deposit Account No.: 50-1193, Docket No. 23544-7004, in the amount of \$ 370.00 to cover the above fees. *A duplicate copy of this sheet is enclosed.*
- The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1193, Docket No. 23544-7004.
A duplicate copy of this sheet is enclosed.

SEND ALL CORRESPONDENCE TO:

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